

BERTOLDO BAKER CARTER & SMITH

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UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEVADA

* * *

ALEXANDRA CAMILLE LOPEZ, Individually
and on behalf of minor child, D.L.,

Plaintiffs,

vs.

UNITED STATES OF AMERICA,

Defendants.

CASE NO: 2:19-cv-00911-JAD-VCF

CIVIL

AMENDED COMPLAINT

1. Plaintiffs Alexandra Camille Lopez, individually, and on behalf of minor child, D.L., by and through their attorneys of record, bring this complaint against the United States of America pursuant to the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346(b).

2. Plaintiffs have exhausted their claims by filing the required forms with the United States Postal Service (USPS) Tort Claims office and, as defendant's agency failed to make an offer, decision or final disposition of these claims over the past 25 months after they were filed, plaintiffs deem the claims denied under 28 U.S.C. § 2675. *See Ex. 1* (Administrative Complaint of

1 Alexandra Camille Lopez *redacted*); and Ex. 2 (Administrative Complaint of D.L. *redacted*).
2 Plaintiffs have fully complied with the provisions of 28 U.S.C. § 2675 of the FTCA, and this suit
3 has been timely filed.

4 INTRODUCTION

5
6 3. This action seeks damages for the injuries caused to plaintiffs by Marion Donel
7 Reedus, a United States Postal Service (USPS) employee. Reedus was operating a USPS utility
8 vehicle when he failed to pay attention to his driving and collided with the rear of plaintiffs'
9 vehicle, causing physical and mental injuries to Plaintiff D.L., minor, and serious and life-altering
10 physical and mental injuries with permanent disability to his mother, Plaintiff Alexandra Camille
11 Lopez. This employee and agent of the United States was acting within the scope of his federal
12 employment at the time of the acts and omissions complained of herein, was negligent, and would
13 be liable to plaintiffs under Nevada law.

14 JURISDICTION AND VENUE

15
16 4. This Court has jurisdiction over this claim against the United States for money
17 damages pursuant to 28 U.S.C. § 1346(b)(1). This action arises under the FTCA, Sections 2671
18 through 2680 of Title 28 of the United States Code.

19
20 5. All, or a substantial part, of the acts and omissions giving rise to these claims
21 occurred in the District of Nevada. Venue is therefore proper under 28 U.S.C. § 1402(b).

22 PARTIES

23 6. Plaintiffs Alexandra Camille Lopez, individually, and on behalf of her minor child,
24 D.L. were at all times herein mentioned, and still are, residents of the County of Clark, State of
25 Nevada, and the acts and omissions complained of herein occurred in the District of Nevada.

26 7. Defendant United States created and operates the USPS, an independent branch of
27 the federal government responsible for providing Postal Service in the United States, including the
28

1 County of Clark, State of Nevada. The USPS handles the mailing of letters and packages, sorting
2 and delivering mail, and selling postal products. The United States owns and maintains vehicles
3 and employs drivers to transport and deliver mail through the USPS. Defendant United States is
4 sued for plaintiffs' personal injuries and damages caused by the negligent and wrongful acts and
5 omissions of its employee driver, Marion Donel Reedus. Reedus was acting within the course and
6 scope of his employment under circumstances where the United States, if a private person or
7 company, would be liable to plaintiffs in accordance with the laws of the State of Nevada. See 28
8 U.S.C. § 1346(b).

9 ALLEGATIONS

10
11 8. Marion Donel Reedus was at all times relevant hereto a USPS mail delivery driver
12 employed by defendant, acting within the course and scope of his employment, and operating a
13 motor vehicle owned and maintained by defendant on the roadways of Clark County, Nevada.

14
15 9. On April 29, 2015, Plaintiff Alexandra Camille Lopez was the owner and operator of
16 a 2001 Ford Expedition, bearing Nevada plate number 150AWW, with her minor son as passenger,
17 Plaintiff D.L. They were traveling in their vehicle westbound on Flamingo Boulevard in Clark
18 County, Nevada, in the right travel lane. Traffic, including plaintiffs' vehicle, slowed for an
19 ambulance with its lights and sirens activated.

20
21 10. At the same time and place, Reedus was operating a 1990 Grumman LLV-A utility
22 vehicle that bore plate number 0217382, which was owned by Defendant United States through the
23 USPS, in a travel lane directly behind the Lopez vehicle when he took his eyes off the road, failed
24 to pay full attention to his driving, and collided with the rear of the Lopez vehicle.

25 11. As Reedus was at all times relevant hereto an employee of Defendant United States,
26 the United States is liable for his negligent and wrongful actions and omissions as alleged herein.
27
28

FIRST CAUSE OF ACTION
(Negligence)

12. Plaintiffs reallege and reassert each and every statement contained in the above paragraphs, inclusive. Plaintiffs further allege as follows:

13. At all times relevant hereto, defendant's employee Reedus had a duty to operate the USPS vehicle with reasonable care, following all traffic safety laws, rules of the road, statutes, codes, and ordinances, as well as defendant's policies, procedures, guidelines and rules for safe driving, so as to prevent injuries and damages to others on the roadway.

14. Defendant's employee Reedus breached his duty of reasonable care by negligently, recklessly and/or carelessly maintaining, controlling and operating that USPS vehicle in following manner: failing to use due care; failing to operate the vehicle in safe manner; failing to pay full attention to his driving; and failing to follow the rules of the road, all and each of which directly and proximately caused the injuries and damages complained of herein as suffered by plaintiffs.

15. At all times herein mentioned, these traffic safety laws and rules were designed and enacted to protect a class of persons, in particular motorists, to which the plaintiffs belong. Plaintiffs' injuries and damages were, and still are, the type of harm these laws were designed and enacted to protect.

16. As a result of the negligent actions and omissions by defendant's employee Reedus, including the violations of these traffic safety laws and rules, Defendant United States is vicariously, statutorily or otherwise liable for all injuries and damages to plaintiffs arising therefrom.

17. As a direct and proximate result of the negligence, negligence per se, carelessness and/or recklessness by defendant's employee, Plaintiff Alexandra Camille Lopez sustained physical and mental injuries, all of which have caused, and will continue to cause, Plaintiff Alexandra

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1 Camille Lopez physical and mental pain and suffering, loss of enjoyment of life, and disability.

2 18. As a direct and proximate result of the negligence, negligence per se, carelessness
3 and/or recklessness by defendant's employee, Plaintiff Alexandra Camille Lopez suffered injuries
4 to include, in part, an aggravation/exacerbation of pre-existing symptomatic cervical and lumbar
5 spine conditions and new nerve, disc, and ligamentous injury with sprains, strains, nerve
6 compression, disc herniation, stenosis, instability, and permanent disability with treatment rendered,
7 in part, to include conservative care, invasive surgical pain management injections, and spinal
8 surgeries.

9
10 19. As a direct and proximate result of the negligence, negligence per se, carelessness
11 and/or recklessness by defendant's employee, Plaintiff D.L., a minor, sustained physical and mental
12 injuries, all of which have caused, and may continue to cause, him physical and mental pain and
13 suffering and loss of enjoyment of life.

14
15 20. As a direct and proximate result of the negligence, negligence per se, carelessness
16 and/or recklessness by defendant's employee, Plaintiff D.L., a minor, suffered injuries to include, in
17 part, a head contusion, post-traumatic headaches, and sprains and strains of the cervicothoracic and
18 thoracolumbar soft tissue structures with associated edema, myospasm and segmental dysfunction,
19 which necessitated treatment to include, in part, emergency medical assessment and care,
20 physiotherapy, and chiropractic adjustments.

21
22 21. As a direct and proximate result of the negligence, negligence per se, carelessness
23 and/or recklessness by defendant's employee, Plaintiff Alexandra Camille Lopez has incurred, and
24 continues to incur medical expenses, loss of income and earning capacity, loss of household
25 services and other damages, as well as she has incurred property damage, loss of use, diminution of
26 value, and rental expense.

27 22. As a direct and proximate result of the injuries complained of herein, Plaintiff
28

1 Alexandra Camille Lopez has incurred property damage of \$4,402.67, past medical expense in
2 excess of several hundreds of thousands of dollars, and future medical expenses anticipated in
3 excess of the past medical expenses incurred, all in an amount believed to exceed \$1 million.

4 23. As a further direct and proximate result of the injuries complained of herein, Plaintiff
5 Alexandra Camille Lopez's total past and future loss of earnings is believed to exceed \$1 million.

6 24. As a direct and proximate result of the negligence, negligence per se, carelessness
7 and/or recklessness by defendant's employee, Plaintiffs Alexandra Camille Lopez and D.L. have
8 incurred medical expenses for D.L.'s medical evaluations, testing and treatment in excess of
9 \$5,000.00, and they may incur future medical expense, and loss of income and earning capacity.

10 25. As a direct and proximate result of the acts and omissions alleged herein, Plaintiff
11 Alexandra Camille Lopez, individually and for and on behalf of D.L., her minor son, has been
12 required to hire the services of attorneys with the law firm of Bertoldo Baker Carter and Smith to
13 prosecute this action, for which they are entitled to recover and be compensated for reasonable
14 attorneys' fees, costs and interest, in an amount to be determined by this Court.

15 **SECOND CAUSE OF ACTION**
16 **(Negligent Hiring, Training, Retention and Supervision)**

17 26. Plaintiffs reallege and reassert each and every statement contained in the above
18 paragraphs, inclusive. Plaintiffs further allege as follows:

19 27. As the employer of Reedus, the United States had the duty to and did, in fact, hire,
20 train, retain and supervise him on the proper and safe performance of his employment, including, but
21 not limited to, the safe and proper operation of the USPS mail delivery vehicle while following all the
22 traffic safety laws, rules and policies and procedures. Defendant further entrusted Reedus to drive its
23 vehicle safely upon the roadways.
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1 28. While transporting and delivering the mail for and on behalf of defendant, Reedus reads
2 the mail for addresses and looks for those addresses while operating the USPS utility vehicle, thereby
3 taking his eyes off the roadway and failing to pay attention to his driving.

4 29. Defendant United States was aware, before plaintiffs' incident, of its mail carriers',
5 including Reedus's, dangerous acts and omissions while operating its vehicles to include, but not
6 limited to, the drivers taking their eyes off the roadway and thereby not paying full attention to their
7 driving. These acts and omissions increase the likelihood of injury or death to other drivers and
8 pedestrians in the vicinity of defendant's drivers and vehicles.

9 30. Based upon the acts and omissions alleged herein, plaintiffs are informed, believe and
10 thereon allege that defendant knew or should have known that the vehicle entrusted to and driven by its
11 employee Reedus could have been and/or was to have been driven in such a negligent and careless
12 manner as to cause injury to other individuals on the roadway, which included the plaintiffs.

13 31. Plaintiffs are informed, believe and thereon allege that, with this knowledge, defendant
14 negligently entrusted its vehicle to the custody and control of Reedus.

15 32. At all times herein mentioned, defendant negligently hired, trained, retained and/or
16 supervised its employee Reedus by, but not limited to, failing to educate Reedus and ensure that he
17 would safely and properly transport and deliver the USPS mail while following all applicable traffic
18 safety laws and rules so as to avoid or, at a minimum, decrease the likelihood of injury or death.

19 33. As a direct, proximate and legal result of defendant's negligent hiring, training,
20 retention, supervision and entrustment, Reedus was negligent in his acts and omissions as alleged
21 herein and caused injury to plaintiffs.

22 34. As a direct, proximate and legal result of defendant's negligent hiring, training,
23 retention, supervision and entrustment, Plaintiff Alexandra Camille Lopez sustained physical and
24 mental injuries, all of which have caused, and will continue to cause, Plaintiff Alexandra Camille
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1 Lopez physical and mental pain and suffering, loss of enjoyment of life, and disability.

2 35. As a direct, proximate and legal result of defendant's negligent hiring, training,
3 retention, supervision and entrustment, Plaintiff D.L., a minor, sustained physical and mental injuries
4 as stated herein, all of which have caused, and may continue to cause, him physical and mental pain
5 and suffering and loss of enjoyment of life.

6 36. As a direct, proximate and legal result of defendant's negligent hiring, training,
7 retention, supervision and entrustment, Plaintiff Alexandra Camille Lopez has incurred, and
8 continues to incur medical expenses, loss of income and loss of earning capacity, loss of household
9 services and other damages, as well as she has incurred property damage, loss of use, diminution of
10 value, and rental expense.

11 37. As a direct, proximate and legal result of defendant's negligent hiring, training,
12 retention, supervision and entrustment, Plaintiff Alexandra Camille Lopez has incurred property
13 damage of \$4,402.67, past medical expense in excess of several hundreds of thousands of dollars,
14 and future medical expenses anticipated in excess of the past medical expenses incurred, all in an
15 amount believed to exceed \$1 million.

16 38. As a direct, proximate and legal result of defendant's negligent hiring, training,
17 retention, supervision and entrustment, Plaintiff Alexandra Camille Lopez's total past and future loss
18 of earnings is believed to exceed \$1 million.

19 39. As a direct, proximate and legal result of defendant's negligent hiring, training,
20 retention, supervision and entrustment, Plaintiffs Alexandra Camille Lopez and D.L. have incurred
21 medical expenses for D.L.'s medical evaluations, testing and treatment in excess of \$5,000.00, and
22 they may incur future medical expense, and loss of income and earning capacity.

23 40. As a direct, proximate and legal result of defendant's negligent hiring, training,
24 retention, supervision and entrustment, Plaintiff Alexandra Camille Lopez, individually and for and
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on behalf of D.L., her minor son, has been required to hire the services of attorneys with the law firm of Bertoldo Baker Carter and Smith to prosecute this action, for which they are entitled to recover and be compensated for reasonable attorneys' fees, costs and interest, in an amount to be determined by this Court.

41. On April 14, 2017, Alexandra Camille Lopez submitted her claim based on these above allegations for \$22,404,402.67 to the USPS, Tort Claims office. *See* Ex. 1, *supra*. The USPS acknowledged receipt of this claim. *See* Ex. 3 (USPS letter dated April 19, 2017 for Alexandra Camille Lopez).

42. As the natural parent and guardian of D.L., Plaintiff Alexandra Camille Lopez has the legal right to seek the damages claimed herein for her minor son.

43. On April 14, 2017, Alexandra Camille Lopez submitted D.L.'s claim based on these allegations for \$65,000.00 to the USPS, Tort Claims office. *See* Ex. 2, *supra*. The USPS acknowledged receipt of this claim. *See* Ex. 4 (USPS letter dated April 19, 2017 for D.L. *redacted*).

44. As six (6) months has passed since the submission of these claims without final disposition of either, plaintiffs deem the claims denied by defendant. *See* Ex. 1 and Ex. 2, *supra*; and 28 U.S.C. 2875.

PRAYER FOR RELIEF

45. Plaintiffs therefore respectfully request judgment against defendant as follows:

- a. Compensatory damages for the past and future general damages that include, in part, pain and suffering and loss of enjoyment of life for plaintiffs;
- b. Compensatory damages for the special damages that include, in part, medical expenses for Plaintiffs Alexandra Camille Lopez and D.L., and for Plaintiff Alexandra Camille Lopez her past and future loss of income, loss of earning capacity, and loss of household services;

- 1 c. Compensatory damages in the amount of \$22,404,402.67 for Alexandra
2 Camille Lopez;
3 d. Compensatory damages in the amount of \$65,000.00 for D.L.;
4 e. Plaintiffs' costs in this action, attorneys' fees and pre and post-judgment
5 interest; and
6 f. Such other and further relief as this Court may deem just and proper.
7

8 DATED this 21 of June, 2019.

9 BERTOLDO BAKER CARTER & SMITH

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11 
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13 Nevada Bar No. 5904
14 LINDSAY K. CULLEN, ESQ.
15 Nevada Bar No. 12364
16 7408 W. Sahara Avenue
17 Las Vegas, NV 89117
18 Attorneys for Plaintiffs
19 LOPEZ
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EXHIBIT 1

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: USPS Tort Claims P.O. Box 98313 Las Vegas, NV 89193-8313					
2. Name, address of claimant, and claimant's personal representative if any. (See Instructions on reverse). Number, Street, City, State and Zip code. <div>Alexandra Camille LopezJohn L. Bertoldo Esq. 7408 W. Sahara Ave. Las Vegas, NV 89117 Claimant Attorney</div>					
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH , 1976		5. MARITAL STATUS M	
		6. DATE AND DAY OF ACCIDENT 4/29/2015 - Wednesday		7. TIME (A.M. OR P.M.) 9:33 am	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).					
On April 29, 2015, in Las Vegas, Nevada, Alexandra Camille Lopez (dob 76) was driving her 2001 Back Ford Expedition westbound on Flamingo Blvd, when she was struck in the rear by a 1990 mailtruck, owned by the United States Postal Service, (#0217382), driven by Marion Donel Reedus, in the course and scope of his employment with USPS. Ms. Lopez suffered spinal injuries to her neck and back, with radiating pain into her upper and lower extremities as a direct and proximate result of Reedus' failure to pay full attention to his driving, and other violations of NRS section 484B et seq. In addition to being liable for its negligent employee, Reedus, USPS also negligently hired, trained, supervised and retained Reedus, which directly and proximately caused Ms. Lopez' injuries. Ms. Lopez incurred \$400,000.00, in past medical expenses, including spinal fusion surgery to her lumbar spine, future medical and life care expenses of \$5,000,000.00, economic damages including, past loss of wages, loss of future earning capacity, and loss of household services, of \$5,000,000.00 and past and future pain and suffering in the amount of \$12,000,000.00. For total personal injury damages of \$22,400.00.00, all as a direct and proximate result of negligence by Reedus and USPS. Ms. Lopez reasonably believes she is, and will continue to be, permanently injured and disabled and require future lifetime medical care and expenses as a result of the negligence of the USPS and its agents and employees.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
Alexandra Camille Lopez, , Las Vegas, NV, 89117					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).					
1. \$4,399.86 parts and labor 2. \$4,402.67 parts and labor Vehicle is available at , Las Vegas, NV, 89117					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
The injuries Ms. Lopez suffered as a result of the subject April 29, 2015 motor vehicle collision include aggravation/exacerbation of pre-existing symptomatic cervical and lumbar spine conditions and new, subject accident related nerve, disc, and ligamentous injury (sprain, strain, nerve compression, disc herniation, stenosis, instability, invasive surgical pain management injections, spinal surgeries, scarring and increased pain, suffering and permanent disability) of the cervical and lumbar spine and multiple upper and lower extremities. Ms. Lopez' past medical bills and records to date are submitted as exhibits to this standard form 95 and are intended to be incorporated herein. These include pending additional surgical fusion to her cervical spine anticipated to be performed in April/May 2017. Ms. Lopez reasonably believes she is, and will continue to be, permanently injured and disabled and require future lifetime medical care and expenses as a result of the negligence of the USPS and its agents and employees.					
11. WITNESSES					
NAME			ADDRESS (Number, Street, City, State, and Zip Code)		
Alexandra C. Lopez I L Marion Donel Reedus J. King ID Number: 4081			Las Vegas, NV 89147 Las Vegas, NV 89149 Las Vegas Metropolitan Police Department 400 S. Martin L. King Blvd., Las Vegas, NV 89106		
12. (See instructions on reverse).					
AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE \$4,402.67		12b. PERSONAL INJURY \$22,400,000.00		12c. WRONGFUL DEATH none	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights). \$22,404,402.67	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).				13b. PHONE NUMBER OF PERSON SIGNING FORM	
				14. DATE OF SIGNATURE	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☒ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

Key Insurance
P.O. Box 2014
Shawnee Mission, KS, 66201-1014

Policy Number : PA-0127 (07-09)
Bodily Injury / Property Damage - Liability Only

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No

NONE

17. If deductible, state amount.

NONE

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

NONE

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Key Insurance
P.O. Box 2014
Shawnee Mission, KS, 66201-1014

Policy Number : PA-0127 (07-09)
Bodily Injury / Property Damage - Liability Only

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.

C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: USPS Tort Claims 1720 Market St. St. Louis, MO 61355-9948		2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. Alexandra Camille Lopez John L. Bertoldo Esq. 7408 W. Sahara Ave. Las Vegas, NV 89103 Las Vegas, NV 89117 Claimant Attorney			
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH , 1976		5. MARITAL STATUS M	
6. DATE AND DAY OF ACCIDENT 4/29/2015 - Wednesday		7. TIME (A.M. OR P.M.) 9:33 am			
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). On April 29, 2015, in Las Vegas, Nevada, Alexandra Camille Lopez (dob /76) was driving her 2001 Back Ford Expedition westbound on Flamingo Blvd, when she was struck in the rear by a 1990 mailtruck, owned by the United States Postal Service, (#0217382), driven by Marion Donel Reedus, in the course and scope of his employment with USPS. Ms. Lopez suffered spinal injuries to her neck and back, with radiating pain into her upper and lower extremities as a direct and proximate result of Reedus' failure to pay full attention to his driving, and other violations of NRS section 484B et seq. In addition to being liable for its negligent employee, Reedus, USPS also negligently hired, trained, supervised and retained Reedus, which directly and proximately caused Ms. Lopez' injuries. Ms. Lopez incurred \$400,000.00, in past medical expenses, including spinal fusion surgery to her lumbar spine, future medical and life care expenses of \$5,000,000.00, economic damages including, past loss of wages, loss of future earning capacity, and loss of household services, of \$5,000,000.00 and past and future pain and suffering in the amount of \$12,000,000.00. For total personal injury damages of \$22,400.00.00, all as a direct and proximate result of negligence by Reedus and USPS. Ms. Lopez reasonably believes she is, and will continue to be, permanently injured and disabled and require future lifetime medical care and expenses as a result of the negligence of the USPS and its agents and employees.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). Alexandra Camille Lopez, Las Vegas, NV 89103					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). 1. \$4,399.86 parts and labor 2. \$4,402.67 parts and labor Vehicle is available at , Las Vegas, NV 89103					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. The injuries Ms. Lopez suffered as a result of the subject April 29, 2015 motor vehicle collision include aggravation/exacerbation of pre-existing symptomatic cervical and lumbar spine conditions and new, subject accident related nerve, disc, and ligamentous injury (sprain, strain, nerve compression, disc herniation, stenosis, instability, invasive surgical pain management injections, spinal surgeries, scarring and increased pain, suffering and permanent disability) of the cervical and lumbar spine and multiple upper and lower extremities. Ms. Lopez' past medical bills and records to date are submitted as exhibits to this standard form 95 and are intended to be incorporated herein. These include pending additional surgical fusion to her cervical spine anticipated to be performed in April/May 2017. Ms. Lopez reasonably believes she is, and will continue to be, permanently injured and disabled and require future lifetime medical care and expenses as a result of the negligence of the USPS and its agents and employees.					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Alexandra C. Lopez E L Marion Donel Reedus J. King ID Number: 4081		Las Vegas, NV 89103 Las Vegas, NV 89149 Las Vegas Metropolitan Police Department 400 S. Martin L. King Blvd., Las Vegas, NV 89106			
12. (See instructions on reverse). AMOUNT OF CLAIM (In dollars)					
12a. PROPERTY DAMAGE \$4,402.67		12b. PERSONAL INJURY \$22,400,000.00		12c. WRONGFUL DEATH none	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights). \$22,404,402.67	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).			13b. PHONE NUMBER OF PERSON SIGNING FORM 702-		14. DATE OF SIGNATURE 4/14/2017
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☒ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

Key Insurance
P.O. Box 2014
Shawnee Mission, KS, 66201-1014

Policy Number : PA-0127 (07-09)
Bodily Injury / Property Damage - Liability Only

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

NONE

NONE

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

NONE

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Key Insurance
P.O. Box 2014
Shawnee Mission, KS, 66201-1014

Policy Number : PA-0127 (07-09)
Bodily Injury / Property Damage - Liability Only

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.

C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK REDUCTION ACT NOTICE

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EXHIBIT 2

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: USPS Tort Claims P.O. Box 98313 Las Vegas, NV 89193-8313			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. John L. Bertoldo Esq. 7408 W. Sahara Ave. Las Vegas, NV 89117 Claimant Attorney Las Vegas, NV 89147		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH 1976	5. MARITAL STATUS M	6. DATE AND DAY OF ACCIDENT 4/29/2015 - Wednesday	
7. TIME (A.M. OR P.M.) 9:33 am					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). On April 29, 2015, in Las Vegas, Nevada, was a passenger in Alexandra Camille Lopez (dob 76) was driving her 2001 Back Ford Expedition westbound on Flamingo Blvd, when she was struck in the rear by a 1990 mailtruck, owned by the United States Postal Service, (#0217382), driven by Marion Donel Reedus, in the course and scope of his employment with USPS. suffered soft tissue injuries, neck pain, cervical sprain, head contusion, lower back and upper back pain.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). none					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). none					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. The injuries, suffered as a result of the subject April 29, 2015 motor vehicle collision include soft tissue injuries, neck pain, cervical sprain, head contusion, lower back and upper back pain.					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Alexandra C. Lopez E L Marion Donel Reedus J. King ID Number: 4081		Las Vegas, NV 89147 Las Vegas, NV 89149 Las Vegas Metropolitan Police Department 400 S. Martin L. King Blvd., Las Vegas, NV 89106			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE none		12b. PERSONAL INJURY \$15,000.00		12c. WRONGFUL DEATH none	
12d. TOTAL (Failure to specify may cause forfeiture of your rights). \$65,000.00					
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).			13b. PHONE NUMBER OF PERSON SIGNING FORM		14. DATE OF SIGNATURE
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☒ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

Key Insurance
P.O. Box 2014

Shawnee Mission, KS, 66201-1014

Policy Number : PA-0127 (07-09)

Bodily Injury / Property Damage - Liability Only

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

NONE

NONE

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

NONE

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Key Insurance
P.O. Box 2014

Shawnee Mission, KS, 66201-1014

Policy Number : PA-0127 (07-09)

Bodily Injury / Property Damage - Liability Only

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

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The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

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B. **Principal Purpose:** The information requested is to be used in evaluating claims.
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CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: USPS Tort Claims 1720 Market St. Room 2400 St. Louis, MO 61355-9948			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. Las Vegas, NV 89103 John L. Bertoldo Esq. 7408 W. Sahara Ave. Las Vegas, NV 89117 Claimant Attorney		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH 2006	5. MARITAL STATUS S	6. DATE AND DAY OF ACCIDENT 4/29/2015 - Wednesday	
7. TIME (A.M. OR P.M.) 9:33 am					
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9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). none					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). none					
10. PERSONAL INJURY/WRONGFUL DEATH					
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11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Alexandra C. Lopez I Marion Donel Reedus J. King ID Number: 4081		Las Vegas, NV 89103 Las Vegas, NV 89149 Las Vegas Metropolitan Police Department 400 S. Martin L. King Blvd., Las Vegas, NV 89106			
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12a. PROPERTY DAMAGE none		12b. PERSONAL INJURY \$15,000.00		12c. WRONGFUL DEATH none	
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13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).			13b. PHONE NUMBER OF PERSON SIGNING FORM 702.		14. DATE OF SIGNATURE 4/14/2017
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Key Insurance
P.O. Box 2014
Shawnee Mission, KS, 66201-1014

Policy Number : PA-0127 (07-09)
Bodily Injury / Property Damage - Liability Only

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No

NONE

17. If deductible, state amount.

NONE

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

NONE

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

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The amount claimed should be substantiated by competent evidence as follows:

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(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

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A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.

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EXHIBIT 3

Tort Claims Investigations
Nevada-Sierra District



April 19, 2017

Benson Bertoldo Baker & Carter
John L. Bertoldo Esq.
7408 W. Sahara Ave.
Las Vegas NV 89117

Ref: Acknowledgment of correspondence

USPS Case # : 890-15-0197a
Date of Incident : 04/29/2015
Client's Name: Alexandra Lopez

Dear Mr. Bertoldo:

This is to acknowledge receipt of your correspondence for damages against the United States Postal Service in the amount of **\$22,404,402.67**. Your correspondence will be given careful consideration by the United States Postal Service, and you will be advised regarding the outcome of the matter.

Any inquiries pertaining to this matter should be directed to me, with reference made to the aforementioned USPS Case File number and mailed to the below listed address.

Sincerely,

A handwritten signature in cursive script, appearing to read "Arnett S. McLoughlin".

Arnett S. McLoughlin
Tort Claims Coordinator
United States Postal Service
PO Box 98313
Las Vegas NV 89193-8313

cc: Accident File

Confidentiality Notice

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EXHIBIT 4

Tort Claims Investigations
Nevada-Sierra District



April 19, 2017

Benson Bertoldo Baker & Carter
John L. Bertoldo Esq.
7408 W. Sahara Ave.
Las Vegas NV 89117

Ref: Acknowledgment of correspondence

USPS Case # : 890-15-0197b
Date of Incident : 04/29/2015
Client's Name:

Dear Mr. Bertoldo:

This is to acknowledge receipt of your correspondence for damages against the United States Postal Service in the amount of **\$65,000.00**. Your correspondence will be given careful consideration by the United States Postal Service, and you will be advised regarding the outcome of the matter.

Any inquiries pertaining to this matter should be directed to me, with reference made to the aforementioned USPS Case File number and mailed to the below listed address.

Sincerely,

A handwritten signature in cursive script, appearing to read "Annett S. McLoughlin".

Annett S. McLoughlin
Tort Claims Coordinator
United States Postal Service
PO Box 98313
Las Vegas NV 89193-8313

cc: Accident File

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